

# In the Court of Appeals of the State of Alaska

**Dale L Kuller,**

Appellant,

v.

**State of Alaska,**

Appellee.

Court of Appeals No. **A-12278**

## **Notice of Intent to Enter Judgment For Cost of Appointed Attorney**

Date of Notice: **9/25/19**

Trial Court Case No. **3SW-13-00021CR**

Unless you or the prosecutor objects by **11/8/19** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Sentence Appeal or Petition for Sentence Review	\$ 250	\$ 500
<b>Merit Appeal or Appeal from Post-Conviction Relief Proceedings</b>	750	<b>1,500</b>
Combined Merit and Sentence Appeal or Petition for Sentence Review	1,000	2,000

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts

M. Johnson, Deputy Clerk

Dale L Kuller, Wildwood Correctional Center  
Distribution:

Mail:

Garton, Josie, Public Defender

Stryszak, Michal

# In the Court of Appeals of the State of Alaska

**Dale L Kuller 102855,**  
Appellant,

v.

**State of Alaska,**  
Appellee.

Court of Appeals No. **A-12278**

## **Opposition to Entry of Judgment For Cost of Appointed Attorney**

Date of Notice: **9/25/19**

Trial Court Case No. 3SW-13-00021CR

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
  - ☐ Sentence Appeal
    - ☐ Combined Merit Appeal and Petition for Sentence Review
    - ☐ Petition for Sentence Review
    - ☐ Petition for Hearing
    - ☐ Merit Appeal
    - ☐ Petition for Review
    - ☐ Appeal from Post-Conviction Relief Proceeding
    - ☐ Original Application
    - ☐ Combined Merit and Sentence Appeal
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only \_\_\_\_ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other \_\_\_\_\_

Appellant/Petitioner's Daytime Phone \_\_\_\_\_ Appellant/Petitioner's Signature \_\_\_\_\_

Appellant/Petitioner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailed to State's Attorney on: \_\_\_\_\_ (Date)